

# The Practical Treatment

OF

# CHOLERA

G. SHERMAN BIGG, A.M.S.



ONE SHILLING

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# CHOLERA.



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The Practical Treatment of  
Cholera.

*ALSO BY THE SAME AUTHOR.*

---

THE WIFE'S HEALTH.

---

THE ANGLO-INDIAN'S HEALTH.

---

BABY'S HEALTH.

---

AXIOMS OF DIET.



# THE PRACTICAL TREATMENT OF CHOLERA.

BY

G. SHERMAN BIGG, A.M.S.,

FELLOW OF THE ROYAL COLLEGE OF SURGEONS, EDINBURGH; MEMBER  
OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND; LATE STAFF  
SURGEON, ALLAHABAD, INDIA; SURGEON IN MEDICAL  
CHARGE OF STAFF, DOVER; AUTHOR OF 'THE  
WIFE'S HEALTH,' 'BABY'S HEALTH,'  
'THE ANGLO-INDIAN'S HEALTH,'  
'THE AXIOMS OF DIET.'



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PREFACE.

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Shortly after I had taken my degrees in medicine and surgery, 1876-77, I went to Calcutta, and cholera was one of the first diseases I was called upon to treat. I had carefully studied the different authorities on the subject, but my knowledge was, of necessity, theoretical and not practical. One day I overheard a remark made by a native, "that the doctor did not understand the disease." Ready and eager to accept any hint, no matter from what source it came, I turned to the native, and asked him to point out the error, and explain to

me the correct method. He was unacquainted with any scientific views, but he said cholera was a disease which deprived the body of water, and, therefore, water was a necessity of treatment. He further said opium was bad, except in the earliest stage of the disease. *His* success was extraordinary, and subsequent experience substantiated the wisdom of his treatment.

The object of this brochure is to share with others the knowledge he imparted to me.

G. SHERMAN BIGG,  
104, Victoria Street, S.W.

September, 1892.

# CONTENTS.

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	PAGE
CHOLERA           ...       ..       ...       ...	9
THE GERM THEORY   ...       ...       ...       ...	10
THE SPREAD OF CHOLERA   ...       ...       ...       ...	11
THE PRESENT OUTBREAK   ...       ...       ...       ...	15
IMPURE WATER           ...       ...       ...       ...	16
INSANITATION ...       ...       ...       ...	16
PREDISPOSING CAUSES ...       ...       ...       ...	17
STIMULANTS   ...       ...       ...       ...	18
TOTAL ABSTINENCE   ...       ...       ...       ...	19
THE CONTAGION OF CHOLERA ...       ...       ...       ...	20
THE HEALTH OF NURSES   ...       ...       ...       ...	21
THE INFECTION OF CHOLERA ...       ...       ...       ...	23
ISOLATION       ...       ...       ...       ...	23
THE CHOLERA SCARE ...       ...       ...       ...	25
PREVENTION OF CHOLERA   ...       ...       ...       ...	28
SIMPLE DIARRHŒA   ...       ...       ...       ...	31
THE CHOLERA BELT   ...       ...       ...       ...	33
THE ONSET OF CHOLERA   ...       ...       ...       ...	35
THE PROGRESS OF CHOLERA ...       ...       ...       ...	38
SYMPTOMS OF CHOLERA   ...       ...       ...       ...	40
THE TREATMENT OF CHOLERA ...       ...       ...       ...	43
REACTION       ...       ...       ...       ...	52
CONVALESCENCE       ...       ...       ...       ...	54
COMPLICATIONS       ...       ...       ...       ...	55
DISINFECTION ...       ...       ...       ...	55
DIET IN CHOLERA       ...       ...       ...       ...	57

MEMORANDA PAGES.



## The Treatment of Cholera.

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### *Cholera.*

CHOLERA is an epidemic disease, said to be dependent on a specific poison, the nature of which is at present imperfectly understood. The most recent theory is that the disease is caused and propagated by the presence of a microbe which has the power of rapid reproduction provided it meets with conditions suitable for its favourable development. The microbe is capable of diffusing itself through liquids, and until recently was considered to exist also in the air and be carried by the winds. In shape it bears

a resemblance to the ordinary comma of punctuation, and so has received the name of the comma-shaped bacillus.

### *The Germ Theory.*

The so-called germ theory of disease pre-supposes that all infective diseases are dependent on the existence of a living organism or germ, which is capable of almost indefinite multiplication and reproduction, provided it finds a suitable soil for its nutrition, maturation, and fructification. The favourable circumstances and surroundings are a necessity for the growth of the microbe, or otherwise the bacillus is incapable of development. Bacteria exist in the



food we eat, the water we drink, and the air we breathe without presumably causing any ill effects. It is feasible, therefore, that the microbe of an infectious disease may enter the system without producing the disease, if the powers of the constitution are strong enough to resist it.

### *The Spread of Cholera.*

The recognised belief of the present day is that cholera is conveyed by human inter-communication, chiefly by the pollution of the drinking water, and it is thought that cholera cannot, under any circumstances, originate, except by the introduction of the specific cholera poison, either in the

food or the water. The idea that the poison could be carried by the winds from one place to another, independently of communication between the sick and the healthy was in former years generally recognised, but this view has of late been discarded as untenable. The contamination of the drinking water by the discharges from a patient suffering from cholera is a rational explanation of the propagation of the disease, for it is well-known that enteric fever spreads in the same manner, yet, although water is indisputably one of the vehicles for the conveyance of the poison, this view is insufficient and inadequate to account for the outbreak of every case of

cholera. Doubtless a combination of influences is responsible for the development of the disease. Not so long ago the spread of cholera in India was foretold with a marked and marvellous accuracy. Cholera maps were prepared, and the date of the expected arrival was announced in medical orders. The wave of cholera seldom deviated from its anticipated course, and the fact that birds suddenly deserted a locality supplies a strong argument in favour of the diffusion of the disease by means of the winds. On several occasions I predicted the occurrence of cholera in certain houses, owing to the flight of the birds from the neighbourhood, and

although it would be unwise to attach too much importance to events which might have been only coincidences, the observation merits further investigation. There is another view which deserves consideration. It was thought that some meteorological conditions existed which favoured the spread of the disease. Our knowledge on this subject is so strictly limited that it would be unreasonable to speak with any confidence on this theory, but it is well-known that a thunderstorm affects many persons in an extraordinary and inexplicable manner, some of whom, possessing a peculiar idiosyncrasy, are prostrated for hours, and even days, with severe

nervous collapse. Heat and cold indisputably influence the spread of the disease, for cholera requires a hot and moist atmosphere for its maintenance.

### *The Present Outbreak.*

The present outbreak started from Srinagar in Kashmir, traversed Afghanistan, reached Russia, and was carried by emigrants to Hamburg and Antwerp, and so to England. In its course the disease had to cross wide deserts, and almost uninhabited steppes, and as the disease appeared in Kashmir in May, the rapidity of its progress was very great. An explanation seems necessary to account for the absence of the

disease in England for so many years, considering the increased facilities for travel.

### *Impure Water.*

Impure water in itself never causes cholera. It may produce a severe attack of diarrhoea, which may even prove fatal, but unless the water be contaminated with the cholera poison, it will never generate *de novo* a case of cholera. Cholera begets cholera, just as typhoid fever follows typhoid fever, and only the mixture of the poisonous discharges with the drinking water can possibly carry the disease.

### *Insanitation.*

Cholera has been called a "filth" disease, but this defini-

tion is inaccurate, for it conveys an impression that cholera only attacks those whose habits are dirty, or who neglect the recognised laws of sanitation. The utmost disregard of all the laws of hygiene will not originate cholera any more than it will scarletina or small pox. The disease, when once it has gained a footing, is naturally more destructive amongst those who live in the midst of defective hygienic surroundings, but this is equally true of every infectious disease.

### *Predisposing Causes.*

A weak state of health increases the probability of taking the disease, for a man in sound health is seldom

attacked. Occasionally an apparently-strong and healthy man is struck down without making any fight of it, but a careful investigation invariably reveals the fact that he had been ailing off and on for some time previously, and that he had not been himself. Fatigue, dissipation, the eating of unwholesome food — especially tinned preparations, unripe and overripe fruit, and anything which tends to lower the tone of the general health, favours the development, though they do not actually produce the disease. Fear is a strong predisposing cause, only second to that of intoxication.

*Stimulants.*

A popular idea exists that



stimulants destroy the germs in the water and make it safe to drink ; the fallacy of this doctrine is too well known to need any further discussion on the subject. During the times of a cholera epidemic moderation is essentially necessary, for artificial stimulation usually leads to subsequent depression. It is not, however, desirable to select this time for conversion to temperance, and those who have been accustomed to drink in moderation should continue to do so, and postpone their good resolution to some future date. Stimulants, however, should only be taken with food, and not on an empty stomach.

*Total Abstinence.*

Without entering upon a dis-

cussion of the relative merits of total abstinence and moderation, it is a noteworthy fact, that the proportionate number of abstainers who were attacked with cholera was much smaller than that of moderate drinkers, and that not a single death occurred amongst them. This is the more astonishing, considering that water-drinkers presumably incurred greater risks.

### *The Contagion of Cholera.*

The question of the contagion of cholera is a matter of grave consideration. There is a wide distinction between contagion and infection. The contagious nature of the disease is opposed to practical experi-

ence. Nurses are occasionally attacked, due solely to the fact that at the time of an epidemic, unless the most stringent rules are laid down for their guidance and observance, their strength is overtaxed, and their powers of resistance enfeebled.

### *The Health of Nurses.*

In all cases of severe illness it is the duty of the doctor to consider the health and welfare of the nurses under his charge, not alone for their sakes, but to ensure that his instructions are faithfully performed. No matter how willing a nurse may be, her strength is not superhuman, and unless a perfect system is strictly enforced, many details are neglected, the omission of

which makes all the difference between life and death.

Four hours' consecutive nursing is the maximum time a nurse should be on duty.

A nurse requires two changes of clothing, one to wear whilst on duty and a change when she goes out.

A nurse should take two hours' open-air exercise daily.

A nurse should have a warm bath every morning or evening.

A nurse should put in six hours of sleep.

A nurse should have her meals regularly and in comfort.

A nurse should undress and go to bed, and not sleep with her clothes on.

*The Infection of Cholera.*

The poison, which exists in the vomit and diarrhœa, is at first inert and powerless, and it is not until it has undergone a change allied with that of fermentation, that it becomes infective. How long the poison retains its infective power is a matter of controversy, but probably for not more than a few days. The immediate and complete destruction of the *excreta* either by burning, or disinfection with strong solutions of carbolic acid, corrosive sublimate, or sulphate of iron, before the infective process has commenced, ensures perfect safety from infection.

*Isolation.*

The isolation of a cholera

patient is for the public good, and is a wise precaution for checking the spread of the disease, though it is questionable whether it is very effective. It ensures the proper disinfection and destruction of the *excreta*, but it possesses the undoubted drawback of inducing many persons to conceal the true nature of their illness or to postpone any mention of it till enforced to do so. Much valuable time is therefore lost and much mischief may have occurred before the patient is isolated. A liberal and free distribution of disinfectants is a practical benefit, and certainly more efficacious in arresting the disease, for no one who might be averse to separation

from friends and relatives would object to carry out the simple rules of disinfection. In India isolation amongst the soldiers is carried out in a different and more effective manner than is possible in England. On the occurrence of the second case (the first is seldom recognised until the appearance of the second) the troops are moved under canvas, and the patient remains behind in hospital.

### *The Cholera Scare.*

Cholera is not in reality so formidable a disease as is popularly supposed. Exaggerated views are current of the enormous mortality, chiefly due to the large number of deaths a-

mongst the natives of India. It should be remembered that at the time of an epidemic every death is attributed to it. A great deal is heard about the wholesale deaths amongst the pilgrims to Mecca, but many important details bearing on the cause of death are ignored. As a rule famine has undermined the constitution, the long and trying pilgrimage has exhausted their strength, and the real wonder is not that so many die, but that so many live to return to their homes to narrate their experiences. So great is the alarm of a disease, the presence of which is so rare in England as to be to the majority practically unknown, that the mere mention of the name



creates a panic, and the occurrence of one or two cases, officially designated cholérine, a name for which there is not any justification, arouses all the health authorities to activity, and gives rise to a demoralizing scare. The mortality, albeit severe during certain epidemics, is neither alarming nor extraordinary, and the percentage of recoveries compares favourably with all diseases of a like severe type and character. Sunstroke, for instance, is a more fatal disease, but any number of deaths from this cause only call forth an expression of opinion on the intensity of the heat. Cholera is not without its advantages, for the patient after recovery is rid of

any old-standing disease and starts afresh with a healthy constitution.

*Prevention of Cholera.*

The prevention of cholera is of even greater importance than the cure, and happily not half so difficult. From a practical point of view it is of little moment how the disease originates and spreads, so long as the means of prevention are thoroughly understood and are able to be put in force. The following rules should be strictly enforced :—

Lead a steady and regular life, avoiding late hours.

Avoid fatigue, either mental or bodily.

Cleanliness in habits and house is essential to health.

A warm bath daily refreshes the system.

Avoid catching cold, by wearing suitable clothing.

A cholera belt is a safe precaution.

When heated, avoid exposure to night air.

The diet should be plain and wholesome.

Meat should be eaten in moderation.

Meals should be regular, and too long an interval between them should be avoided.

Tinned provisions are dangerous.

The drinking water and the milk should be boiled.

The source of all aërated waters should be investigated.

Avoid unripe and overripe fruit.

Fruit should not be eaten, unless cooked, after midday.

See that the dustbin is emptied once every forty-eight hours.

Flush the drains regularly with a plentiful supply of water.

Keep the cistern clean and have a well-fitting cover to it.

Have the slops removed three times a day.

Keep the mind amused without entertaining the certain conviction that cholera is inevitable.

Avoid excesses of every description.

Check at once any tendency to diarrhœa.

Pay strict attention to the general health.

The burning of sulphur fires in the streets during one epidemic seemed to give most favourable results in arresting the progress of the disease.

*Simple Diarrhœa.*

Any tendency to diarrhœa should be immediately restrained. A teaspoonful of castor oil, taken either in capsules, or better still, in a little black coffee, should be given with a view of removing any indigestible food from the alimentary canal. A useful prescription for palatable castor oil is :—

R. Olei Ricini	-	-	-	℥iv
Liquoris Potassæ	-	-	-	℥40
Tinct. Cardamoni Co	-	-	-	℥i
Mucilaginis Acaciæ	-	-	-	gr 20
Syrupi Aurantii	-	-	-	℥iv
Aquæ ad	-	-	-	℥iv
Misce. One fourth part as a dose.				

The dose of one teaspoonful is small, but a second or even a third dose can be taken, if required, whereas if a larger dose were given at once the effect might be too powerful. Trivial as this detail may seem it is of importance, as aperient medicines should as much as possible be avoided. On no account should strong purgatives be taken, and if the necessity arise, a glycerine injection (one teaspoonful) into the bowel, or a large simple enema of soap and warm water (about two pints) are to be administered with care. Should there be any griping pain, five to ten drops of laudanum, according to the severity of the pain, may be added to the dose of castor

oil. Laudanum should not be given to children except by medical advice. As soon as the desired result is obtained fifteen drop doses of aromatic sulphuric acid should be taken in a sherry wine-glassful of water, at intervals of three, four, or six hours. The drinking water should be acidulated by the addition of one tea-spoonful to the pint of water.

A reliable medicine for simple diarrhœa is :—

R. Pulveris Cretæ Aromatici - gr. 180  
 Spiritûs Ammonicæ Aromatici ℥iss  
 Tincturæ Catechu - - ℥iii  
 Tincturæ Cardamoni Co - ℥iss  
 Misturæ Cretæ ad - - ℥viii  
 Misce. One sixth part after each loose motion.

### *Cholera Belt.*

As an additional precaution-  
 c

ary measure a cholera belt should be worn. There are many kinds, from the simple piece of flannel to the elaborate abdominal belt. A roll of flannel answers most purposes, but a belt of my own design is easy of construction, of trifling cost, and possesses certain advantages over the ordinary flannel binder. Cut out a paper or linen pattern to fit accurately the front of the abdomen. Soak a piece of *red* flannel in cold water for four-and-twenty hours, so as to remove all source of irritation, dry it thoroughly, and then cut it out according to the pattern, leaving two narrow ends sufficiently long to encircle the body. Cut out a piece of wash leather of



the same size and shape as the pattern, and perforate it with a number of holes for ventilation. Between the two place a layer of soft wool, simple or medicated with boracic acid, and bind the edges carefully together. The belt is fastened behind by means of tapes, or what is still better, by two broad pieces of elastic webbing, made to button or lace. The elastic webbing keeps the belt firmly and smoothly in position. The flannel is worn against the skin.

### *The Onset of Cholera.*

Sometimes the onset is sudden, but for the most part premonitory symptoms characterised by malaise, depression, feverishness and loose diarrhœa,

give warning of the approaching attack ; the occurrence of these symptoms is suspicious, and no time should be lost in seeking advice or adopting appropriate treatment. The invalid should remain indoors in a well-ventilated and warm room, should restrict his food to a slop diet of strong but not over-seasoned freshly-prepared soups, good broth, milk and farinaceous drinks as gruel, arrowroot and barley water ; stimulants are unnecessary, but if the invalid has been in the habit of taking them, it is unwise to suddenly stop them. Malt liquors are prohibited, but whisky or brandy in strict moderation, and with the food are permissible. Raw arrowroot, made with equal

parts of cold milk and water into a thin consistency is an invaluable remedy for the diarrhoea. A strong quinine tonic with an excess of aromatic sulphuric acid, and flavoured with orange peel, should be given every three hours, or less often if the quinine produce buzzing in the head. The prescription is as follows :—

R. Quiniæ Sulphatis        -        - gr. 20  
       Acidi Sulphurici Aromatici ℥iv  
       Infusi Aurantii ad        -        - ℥vi

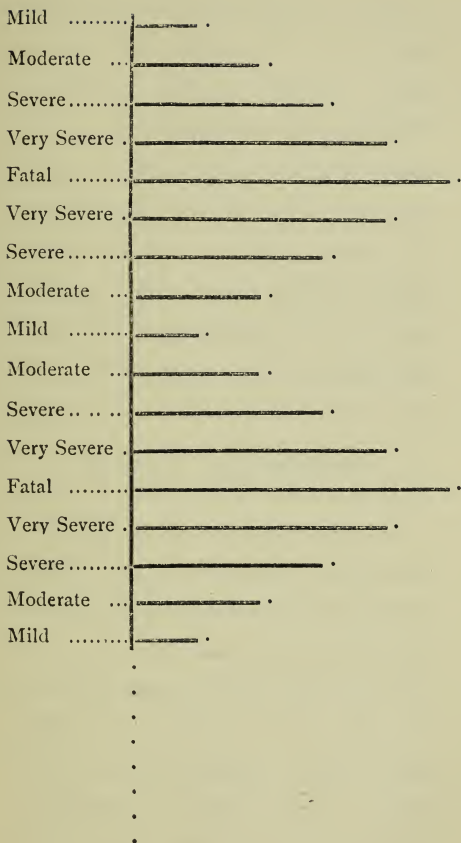
Misce. One measured tablespoonful  
       in a claret wine-glass of water  
       every three hours.

If there be any restlessness at night a composing draught of half or one teaspoonful of *bromidia* in a wineglass of water will ensure a good sleep.

Under this treatment many of the early cases are cured.

*The Progress of Cholera.*

As the wave of cholera progresses, the cases become more and more severe until they reach a point of almost certain death, after which they gradually lessen in severity until they end as they commenced, in simple diarrhœa. There may, however, be a series of maximum points of intensity, so that the mortality rises and falls. The accompanying diagram serves to illustrate this :—



Some cases terminate fatally which are not within the "fatal zone" owing to the patient's debilitated constitution and other causes, one of the most common of which is the effects of opium, whilst a few of the cases within the "fatal zone" recover with assiduous nursing and appropriate treatment.

### *Symptoms of Cholera.*

As the disease becomes intensified, characteristic symptoms manifest themselves. The diarrhœa increases and the motions, at first watery and profuse lose all colour, and assume the white flakey appearance of rice-water evacuations. Vomiting sets in, at first bilious but soon

colourless like rice water. Later on the vomiting gives place to violent retching, which is far more distressing to the patient than the sickness. Cramps in the legs, arms, stomach, and back, cause the most excruciating agony so that a man cries for death to relieve him from his sufferings. The thirst is insatiable, and the earnest entreaties for a long drink are heartrending and most painful to hear. The almost incessant vomiting, the constant drain by the diarrhœa, and the violence of the cramps, soon exhaust the strength of the patient who falls into a state of collapse. The features are pinched, the eyeballs become sunken, and the cheeks hollow. The voice

is a mere whisper, the skin becomes cold, blue, and clammy, a cold perspiration breaks out on the forehead, the pulse is scarcely perceptible, and the surface temperature falls much below normal. The contraction of all the tissues gives an expression of countenance peculiar to cholera, and which once seen is not easily forgotten. The intellect remains clear throughout the disease until shortly before death when coma sets in, and brain symptoms develop. Sometimes death results from exhaustion, and then brain symptoms are absent. Another symptom of the greatest importance is the suppression, or rather absence, of urine. The symptoms natur-



ally are modified in cases of less severity.

### *The Treatment of Cholera.*

The treatment of cholera imposes a grave responsibility on the medical adviser, who, amidst so many conflicting opinions, has to exercise his own judgment. The discovery of the cholera bacillus has not as yet aided the treatment. Many medicines which during one epidemic gained a high reputation subsequently failed to justify the expectations formed of them. It is now generally admitted that no cure exists, in this view I concur. There is no specific to check the disease like quinine does malaria. But although there

is no cure the disease is curable, and this is so with most other diseases. Cholera runs a course and the majority of cases can be guided to a favourable termination. Drugs can and do mitigate the severity of the symptoms and skilful nursing saves many a case that without it would have ended in a miserable death. Except those cases within the "fatal zone" the tendency for the others is to recover.

The patient, as soon as the real nature of the disease is recognised, should be put to bed and covered with warm blankets. Hot water bottles, enveloped in flannel or old pieces of blanket, should be applied to the feet and body, a mustard poultice made of one

tablespoonful of mustard to eight tablespoonsful of flour should be applied over the region of the heart, and equal parts of milk and lime water, with five drops of brandy if he is accustomed to stimulants, should be given in teaspoonful measures every quarter of an hour. If castor oil has not already been given one teaspoonful should be given in a little black coffee. Either with this or shortly afterwards a dose of thirty drops of laudanum in half a teaspoonful of water should be given. *One and only one* dose of opium should be given until convalescence is completely established, or otherwise the risk of opium poisoning is added to

the danger of the disease. Too much stress cannot be laid upon this injunction, for a small dose of fifteen drops of laudanum given when the cholera had a firm hold on the patient has been known to prove fatal. A waterproof sheet should guard the bed, over which should be a draw-sheet folded six or eight times, on the top of which should be a thick layer of picked oakum covered with a soft layer of medicated wool. All unnecessary furniture should be removed from the sick room, which should be kept well ventilated. A covered receptacle for the soiled clothes should stand in the corner of the room. Small pieces of ice should be constantly placed in

the mouth for the patient to suck, and this duty, together with feeding the patient should be the sole duty of one nurse. The question of allowing a patient to drink freely of water is much discussed, but I entertain no doubt he should be allowed an unlimited supply to drink as often as he wishes and as much as he likes. He craves for a long drink, and if it be withheld he retches instead of vomiting. Moreover the greater part, if not all, the water is returned without the slightest effort, just as if a tap had been turned on. It may fairly be asked: What is the good of giving the water if it is almost at once got rid of? Theoretically no good at all, but practically all the good

in the world. The patient, in the first place, has decided and marked relief, and secondly, the teaspoonful measure of food can be given immediately after the expulsion of the water and is often retained for some time, and it is probable that a little of it serves to nourish him. Even if the water does not do any good, it certainly does no harm. It should be acidulated with aromatic sulphuric acid, one teaspoonful to the pint.

As soon as the cramps commence a mustard poultice of the same strength as the one over the heart, should be put over the region of the stomach, and a nurse should thoroughly knead the cramped muscles. The massage and attention to

the soiled sheets are the duties of a second nurse. From this it is seen that four nurses are required to properly look after a cholera patient, two on duty, and two to relieve them at the expiration of four hours. When the cramps are very severe and the kneading does not give sufficient relief, the patient should be lifted in the horizontal position by means of a blanket, and placed in a hot bath of  $100^{\circ}$  to  $105^{\circ}$  Fahrenheit, in which two to four pounds of common soda have been dissolved, or should be wrapped in blankets wrung out in warm water. He should remain in the bath, the temperature of the water being maintained for ten minutes to a quarter-of-

an hour. The absence of urine, which probably results from the great loss of water from the system, requires no special treatment, but it is a most valuable guide in the progress of the case, for as soon as the secretion of urine recommences, recovery may be expected. The bladder ought to be kept half-full by the injection of lukewarm water, and, with the re-appearance of the urine, which is most ammoniacal, should be washed out with a very weak, 1 in 400, solution of carbolic acid. The sudden cessation of the diarrhœa is a grave and serious omen, usually predicting a fatal termination. During the progress of the disease, especially



during the stage of collapse, the administration of medicine is attended with great difficulty, but if the severity of the symptoms permit it, a draught of the following mixture should be given every half-hour until the return of the flow of urine, when it should be discontinued:

R. Acidi Sulphurici Aromatici ℥iss

Acidi Acetici diluti - - ℥ii

Acidi Carbolici - - ℥ii

Aquæ ad - - - ℥viii

Misce. One sixth part every half hour.

This medicine not only assists recovery, but seems to mitigate the immediate severity of the symptoms. If the doctor cannot cure the disease, it is, without doubt, in his power to ease the pain and suffering, and not only to ease but altogether to check them. In chloroform the medical

man possesses a power which, though not directly remedial, is of more value than any medicine. The patient should be placed under the influence of this anæsthetic and kept so until reaction, as shown by the return of urine, commences, which may not occur for hours. Even in the stage of collapse the chloroform should be fearlessly continued. The administration of chloroform can only be entrusted with safety to a doctor, and as he could not devote his sole attention to one patient, this method of treatment is difficult to put in practice.

### *Reaction.*

The stage of reaction sets in with the return of the

secretion of urine, and is often accompanied with marked febrile disturbance, sometimes of a typhoid character. The danger is not over, and the most careful nursing with judicious treatment is required ; energetic measures should be avoided, and anything like depressing treatment discountenanced, but at the same time, stimulants, if given, should be administered with extreme caution. The progress towards recovery is gradual, and there is more fear of the patient falling into a low adynamic condition, than of the reaction being too severe. Cold cloths to the head, and wrapping the patient in blankets wrung out of tepid water are better than

medicine, but an effervescing draught of carbonate of ammonia with citric acid may be given every second hour. Food should still be very sparingly given and restricted to slop diet. On no account should any opium be given during this stage.

### *Convalescence.*

The return of colour in the motions, the increased secretion of urine, and a general improvement in the other symptoms, mark the commencement of convalescence. Tonics are now required, and Fellowes' Syrup—a tonic of quinine, iron and strychnine—is an invaluable preparation, of which one teaspoonful should be given in a

claret wine-glass of water three times a day.

### *Complications.*

Diseases of a low typhoid character frequently interfere with recovery and require to be treated in an appropriate manner. Dysentery and diarrhœa often persist for a considerable time, and should be dealt with by the recognised methods of treatment.

### *Disinfection.*

Throughout the illness the room should be constantly disinfected. There should be no carpets, and it is a good plan to stain the floors with a strong solution of Condyl's fluid. McDougall's powder, Sanitas,

Jeyes' fluid, Carbolic and Camphylene or Carboleine should be sprinkled about the floor of the room and passages. All soiled linen should be burnt. The slops and excreta should be disinfected with commercial carbolic acid, and subsequently buried in the ground. For washing purposes, a solution of corrosive sublimate, 1 in 1000, should be used. Tabloids can be obtained from any chemist, and only require to be dissolved in the water. After the removal of a patient, the empty room should be well fumigated by closing all the apertures, and burning sulphur. The nurses' clothes should, strictly speaking, be burnt, regardless of the expense, but if this

be not done, they should be thoroughly baked or boiled.

*Diet in Cholera.*

During the progress of the disease the diet is limited to milk and lime water, varied with a teaspoonful of beef tea or soup, but when convalescence sets in the appetite requires to be coaxed.

A varied selection of recipes suitable for invalids and others will be found in a most useful little book written by Lady Constance Howard, and called "Tasty Tit-Bits and Dishes Dainty," from which I have taken the following:—

*Cold Raw Beef Tea.*

Mince half a pound of lean gravy beef or rump steak very

fine, pour over it three-quarters-of-a-pint of cold water and let it stand for twenty minutes, then stir in one teaspoonful of Extract of Meat and mix well together, let stand for 15 minutes, strain, and it is ready for use.

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*A Nutritious Beef Tea.*

Time, four hours.

For one and a-half pints of beef tea,  $\frac{3}{4}$ lb. of veal,  $\frac{3}{4}$ lb. of neck of mutton, with one pint of water. When nearly done, add two teaspoonfuls of Extract of Meat, mixed in half-pint of boiling water,

This should be cooked in a jar, covered down in the oven. Turn out to cool, skim, strain and warm up, as wanted.



*Gravy Jelly.*

Corn flour prepared from rice. Boil in water, mix with a little strong meat gravy and put into a shape to cool.

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*Lady Effingham's Recipe for Beef Tea.*

Cut 1lb. of lean beef into small dice, cover it with cold water; keep stirring it on the fire until it boils. Let it simmer five minutes and pour it off, but do not strain it; put some more water on the meat, and let it simmer for some time. Add  $\frac{1}{2}$ lb. of fresh beef the next day, the same as before. Dissolve in each cupful a little Isinglass, which is useful in cases of extreme exhaustion and debility.

*Chicken Broth with Isinglass.*

Cut a nice chicken up in good-sized pieces ; put it on the fire in cold water ; add a little salt, and boil gently for six hours. Dissolve some Isinglass in it, and take a spoonful at a time, hot or cold, as may be preferred.

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*Gravy Soup.*

Take one pint of gravy or beef tea, etc., and bring to the boil. When almost boiling add  $\frac{1}{2}$ oz. cornflour mixed with a little water, and boil eight minutes.

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*Lady Hilda's Chicken Broth.*

Cut a chicken up into small pieces, put them on the fire in

cold water, add a little salt ; boil gently for six hours. This way yields all the essence of the chicken, and is very strengthening.

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*Excellent Meat Juice.*

Put 6oz. of gravy beef into a jar, cover with half-a-pint of cold water. Stand it in the cool for six hours, when it is ready for use. This makes enough for twice, and should be put into Bovril, beef tea, or clear soup. The strength of it is considerable, and the nourishment contained in it is valuable, especially in cases of extreme debility.

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*Invalid Barley Water.*

One ounce of Patent Barley,

mix it with one wineglassful of cold water, pour this into a stew-pan with one quart of boiling water, stir this over the fire for five minutes while it is boiling, flavour with lemon peel or cinnamon, and sweeten according to taste.

N.B.---When the patent barley is used to make a summer beverage, only  $\frac{1}{2}$ oz. must be taken.

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*Gruel for Invalids.*

Two ounces cornflour, 1 oz. sugar, and a pinch of salt are thoroughly mixed with two pints of milk, and then stirred over a brisk fire for 15 minutes.

*Jelly for Invalids.*

Mix in a tumbler a teaspoonful of cornflour with a little cold water. Pour upon it sufficient boiling water to form a clear jelly, stirring it well during the time the water is being poured on it. Then add a glass of sherry and a little sugar if desired.

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*Barley Broth.*

Take the best end of a neck of mutton or lamb, put it in a pan with two quarts of cold water and a teacupful of Patent Barley. Let it boil, skim well. Have ready cut in small slices one breakfastcupful each of carrots, turnips, cabbage, and four onions minced fine, and rounds

of cooked potatoes. Let the whole boil for three hours, skim off most carefully every particle of fat, add well-chopped parsley and salt and pepper to taste, and serve immediately. Most sustaining and good.

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*Milk Broth.*

Take a piece of fresh butter the size of a walnut, put it into the broth pan and let it melt, turn the pan about, so that the oiled butter will run all over the bottom. This is to prevent the barley sticking to the bottom. Put in  $\frac{1}{4}$  lb. of Patent Barley, well washed, add to it three quarts of new or skimmed milk. Place this on a gentle fire and allow it to boil. Draw

the pan to the side of the fire, and let the contents boil very gently for three hours, stirring from time to time to prevent the barley from sticking to the bottom, and so getting "singed" or "sung," in which event the broth is quite spoiled. Before serving, add castor sugar to taste. When done, the milk will be a thick yellowish creamy liquid. Rice milk is prepared in the same way, substituting whole rice for the barley.

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*Gruel Jelly.*

Boil gently in three pints of water,  $1\frac{1}{2}$  oz. of sago,  $1\frac{1}{2}$  oz. of rice, and  $1\frac{1}{2}$  oz. of pearl barley for three and a-half hours when this will be reduced to about a pint. Strain through a hair

sieve and stir in one good teaspoonful of Extract of Meat, let it stand till cold, when it will form quite a jelly, and can be eaten in place of calf's foot.

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*White Soupe Maigre.*

One pint of milk, two of boiling water, three tablespoonsful of flour, two onions, pepper and salt. Let the flour thicken in the milk, stir in the yolks of two eggs.

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*Soupe Maigre au Tapioca (My Recipe).*

Mince one onion finely, fry it in plenty of butter until a golden colour, add pepper and salt to taste, and one and a-half pints of water. When the water



boils, strain, and put it back into a clean saucepan with two table-spoonfuls of tapioca. Let it boil until almost dissolved, then serve with straws of fried potatoes.

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*Milk Soup.*

Put two pints of good sweet milk into a large enamelled goblet and bring to the boil. Add a little salt and  $1\frac{1}{2}$  oz. of sugar. Mix 1 oz. of cornflour well with a little cold milk. Stir it into the milk when almost boiling. Boil for twenty minutes, stirring gently.

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*Baked Milk with Sherry and Isinglass.*

Baked milk almost equals cream in richness, and will be found very beneficial in all cases

where nutritious diet is advisable. The milk should be new. Put it into a stone jar. Dissolve some Isinglass in it, and set in a slow oven for some hours. If left all night so much the better. A hot oven will have a different effect entirely ; the slower the oven the thicker the milk will be. It may be taken just as it is, while warm, or if preferred cold, with or without the addition of a small wineglass of sherry. It is better to bake small quantities not more than sufficient for each day's consumption. Take a claret-glassful at a time. An egg may be whipped up and added to it.

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*Riz à la Vanille (Rice with Vanilla).*

Take 1lb. of rice, wash and blanch it, drain it, and put it into a saucepan, with 1lb. of castor sugar, one pint of milk, and a stick of vanilla. When it is quite cooked, thicken with butter and the yolks of six eggs. Serve in a glass dish.

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*Albion Jelly.*

Take  $\frac{1}{2}$ lb. of sugar, the juice of one lemon and half the rind, the white and shells of two eggs, 2oz. of Gelatine. Boil and strain. Set in a mould. Before putting it in the mould, add three-quarters of a pint of sherry, which must *not* boil. The wine should be strained through muslin. Claret, port, Tarra-

gona, Marsala, or Champagne may be used instead of sherry. If Champagne is used, one pint is not too much. British wines, at 1s. 11d. per bottle, sufficient for two jellies can also be used.

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*Seville Orange Jelly.*

The juice of six sweet oranges, two Seville oranges, and one lemon, 10z. of Gelatine ; add  $\frac{1}{2}$ lb. of castor sugar, and the peel of the lemon grated. In half-a-pint of water, dissolve the gelatine for one hour ; pour in the lemon peel, the juice of the oranges and another half-pint of water. Stand it over the fire until dissolved ; strain ; pour into a mould and serve

when cold. It will be as clear as crystal.

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*Geleé à la Russe.*

One gill of sherry ( $\frac{1}{4}$ -pint) or Madeira, the juice and grated rind of one lemon, 1oz. of Swinborne's Gelatine,  $\frac{1}{2}$ lb. of loaf sugar, three-quarters of a pint of water ; melt all together, then strain ; when cool, whip the mixture with a whisk to a stiff froth. Pour into a mould, colour half with cochineal. If preferred it may be broken up into lumps, and the two colours piled in little heaps alternately on the dish.

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*Macaroni Soup.*

Dissolve one tablespoonful of the Pure Beef Company's

Household Thick Stock in one pint of boiling water (this stock is many times as strong as the best made in the kitchen ; it costs a trifle, and gives a minimum of trouble) ; add salt and pepper to taste. Have ready a portion of Macaroni, previously cooked until tender in boiling water, with a pinch of salt ; it should simmer half-an-hour. Cut the macaroni into rings or pieces one inch long ; put them into the boiling stock ; simmer five minutes.

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*Clear Game Soup.*

Take the remains of any game that is not high, put them into a saucepan with one onion, one carrot, two or three cloves, a small piece of mace, one bay

leaf, some pepper, and white pepper and salt to taste. Cover the whole with veal or poultry stock, and set the saucepan to boil gently for two hours. Strain off the soup and set it to boil again, then throw in one ounce of raw beef or liver closely chopped ; let it give one boil and strain the soup through a napkin—a small quantity of sherry to be added before clarifying. If not quite clear the process of clarifying must be repeated. A few of the best pieces of game should be put into the soup just before serving.

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*Savoury Gruel.*

Boil gently, for four hours, 2oz. groats in one quart of

water, stirring frequently, and add, from time to time, a little water to keep up the desired quantity. When done, rub through a hair sieve, beat up till quite smooth, and boil again in a clean stewpan, stir in one dessertspoonful of Extract of Meat, dissolved in a small teacupful of boiling water, pepper and salt to taste.

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*September Oyster Soup.*

Take 2oz. fresh butter, and one tablespoonful of flour ; mix over the fire ; add one quart of fish stock. When it boils add twenty-four oysters blanched in their own liquor, bearded, and each oyster cut in two ; add the liquor (strained) and a small



quantity of mixed parsley, white ground pepper and salt to taste. Take the soup off the fire, and just before serving stir in the yolks of four eggs beaten up with the juice of half a lemon and strained.

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*Tea-Kettle Broth.*

Cut a thin piece of bread and toast it crisply, cut into small pieces, and put it in a basin, then add a little salt and pepper, a piece of fresh butter the size of a walnut, and half-a-teacupful of thin cream ; fill the basin with boiling water, and serve directly.

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*Fried Ortolans.*

Truss as for roasting, dip each bird in well-beaten yolk

of egg, then sprinkle them thickly with bread-crumbs, fry in boiling oil, butter or lard.

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*Poos Pass.*

Put a fowl into a saucepan with  $3\frac{1}{2}$  quarts of water, and boil half-an-hour, then take it off the fire, strain and skim it. Then put gravy, fowl, and 2oz. of rice for each person into the saucepan, stew three-quarters of an hour, adding salt, cloves, and cardamom to taste.

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*Egg Nogg.*

Beat up the yolks of four eggs with four dessertspoonfuls of castor sugar ; add half a tumberful of brandy very gradually, a teaspoonful at a time, beating continually ; add

one pint of rich cream gradually, and still beating ; beat up the whites of two eggs, separately and thoroughly, and put this on the top of the mixture.

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*Milk Toast for Invalids.*

Take a couple of slices of bread, and toast well until crisp. Take new milk or cream, also a bit of fresh butter (varying according to taste required) melt in a saucepan together. Then dip in the slices of toast, let them soak for a moment or two, lift on to a deep plate, and put the remains of milk and butter on the top. Serve very hot. Add salt as required.

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*Linseed Tea.*

One dessertspoonful of the best linseed, a piece of lemon peel, one tablespoonful of lemon-juice, a few lumps of sugar, and one pint of boiling water poured over. Boil slowly for half-an-hour, and strain through muslin. It must be taken warm, and can be kept in a covered jug near the fire.

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*Savoury Custard.*

Beat the yolks of two eggs very lightly, and one white until quite stiff, and add to them one gill of white stock well-flavoured. Mix very carefully, and pour the ingredients into a jam pot, tie a piece of paper over it, and boil it for a quarter

of an hour in a *bain-marie*, or in a pan full of boiling water. Serve hot or cold.

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*Pigeons à la Marquise.*

Dress and tie the pigeons into shape. Skewer on to each breast a thin slice of bacon, roast 20 minutes, or bake the same time in a quick oven.

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*Jenny Lind Soup (Miss Drummond's Recipe).*

Three eggs, a gill of cream, half-a-teacupful of sago. Beat up together with white stock.

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*Tapioca Jelly.*

Half-a-cupful of pearl tapioca, soaked all night in two cups of cold water. Pour into a double boiler and cook slowly

until clear. If desired, thin with a little hot water. Add two tablespoonfuls of sugar, and after the mixture is removed from the fire, the juice of a lemon. Serve cold with sugar and cream, or Devonshire cream.

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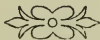
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